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DO NOT WRITE
ON THIS STUB

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034099

Registration District No. 318 Primary Registration District No. 8390 STATE FILE NUMBER

FILED AUG 2-2 1963

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	8-26-63
1	8-26-63	8-26-63
2 23	8-26-63	8-26-63
3		
4 1		
5 0		
6		
7 0		
8 2		
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10		
11		
12 55-0		
13		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

3 Karen Renee Seibold
13a Ardell Seibold
13b Evelyn (Blow) Seibold

BY AFFIDAVIT OF Fun. Director

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 3 days	c. CITY OR TOWN St. Louis, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10219 West Wise
3. NAME OF DECEASED (Type or print) First Middle Last Karen Renee Seibold		4. DATE OF DEATH Month Day Year 8 - 17 - 63	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-7-61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 2 years
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Ardell Seibold		13b. MOTHER'S MAIDEN NAME Evelyn (Blow) Seibold	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. Ardell Seibold-10219 West Wise St. 14	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY ARREST DUE TO (b) 355X DUE TO (c) DEGENERATIVE BRAIN DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/1/63 to 8/17/63 and last saw her alive on 8/17/63 Death occurred at 9:21 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. Schmidt M.D.		22b. ADDRESS Cardinal Glennon	
22c. DATE SIGNED 8/17/63		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-19-1963	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR Baumann Bros. Inc. 2504 Woodson Rd., Overland 14, Mo.		25. DATE RECD. BY LOCAL REG. AUG 19 1963	
26. REGISTRAR'S SIGNATURE Road Smith, M.D.		27. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.